



USTEKINUMAB (STELARA)

<http://www.aocd.org>

Ustekinumab is a biologic response modifier, or biologic in the class of drugs called IL12/IL 23 inhibitors. Interleukin 12 and interleukin 23 are naturally occurring proteins that regulate the immune system and are implicated in immune mediated inflammatory disorders. It was first approved by the FDA for the treatment of moderate to severe plaque psoriasis in 2009, then in 2013 gained FDA approval for the treatment of psoriatic arthritis. Because IL12/IL23 are important mediators of the inflammatory process, research is being conducted for ustekinumab use in the treatment of other inflammatory conditions such as: Crohn's disease, **sarcoidosis**, and multiple sclerosis.

Mechanism: Ustekinumab is a human monoclonal antibody of the IgG1 κ type. It binds with high affinity to the p40 protein subunit used by both cytokines IL-12 and IL-23, thereby blocking these cytokines inflammatory promoting activity.

Uses:

- Adults (18 years and older) with chronic, moderate to severe plaque **psoriasis** in patients who are candidates for systemic or phototherapy
- Psoriatic arthritis (alone or in conjunction with methotrexate)

Side effects: The most common side effects are nasopharyngitis, upper respiratory tract infection, and headache, fatigue, and hypersensitivity reactions. In people taking ustekinumab for psoriatic arthritis, the most common side effects reported were arthralgia and nausea. One case of RPLS (reversible posterior leukoencephalopathy syndrome) has been reported. Symptoms of RPLS can include headache, seizure, confusion and visual disturbance. As with other biologics, ustekinumab may increase the risk of infection or reactivation of infection such as tuberculosis and hepatitis. Ustekinumab may also increase the risk of malignancy.

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